

**EMT-II REGULATORY TASK FORCE  
MEETING MINUTES  
May 12, 2005  
Rancho Cucamonga City Hall  
Rancho Cucamonga, CA**

**I.Introductions**

Self-introductions were made.

<b>MEMBERS PRESENT</b>	<b>EMSA STAFF PRESENT</b>	<b>ALTERNATES PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>ALTERNATES ABSENT</b>
Ruth Grubb Kevin White Wes Podboy  Debbie Becker  Bruce Haynes John Pritting	Sean Trask Julie Hamilton	Louis Bruhnke   Stephanie Rasmussen	Deb Aspling Cliff Flud Lisa Howell  Larry Karstead  Frank Maas Bonny Martignoni Kathy Ochoa Ed Pendergast Tom McGinnis Vicki Stevens Janet Terlouw Tim Williams Steve Drewniany Kelly Lazarus Bob May Ron Grider	Howard Fincher Lawson Stuart Chet Ward

The EMT-II Task Force welcomed Wes Podboy, the newest member to the Task Force representing the West Valley Search and Rescue as a search and rescue representative and also operating under the EMT-I optional skills and an EMT-I trial study. Dr. Debbie Bervel is the alternate representative.

**II.Minutes:**

A. Approved as written

**III.Agenda:**

- A. Approved with the following changes:
1. Old Business, New item A - Updates
  2. Move the remaining Old Business items down one item.

**IV. Old Business:**

A. **Updates**

1. The proposed amendments to the EMT-I Regulations has been drafted and forwarded to Health and Human Services Agency for review, approval and signature on the fiscal impact statement. As soon as the EMS Authority receives the signed Fiscal Impact Statement from Agency, the items necessary for noticing the EMT-I Regulations will be submitted to the Office of Administrative Law (OAL) for the 45-day public comment period. The EMS Authority estimates that the revision to the EMT-I Regulations will be submitted to the Commission on

EMS at their September 2005 meeting for approval. After the final rulemaking documents are submitted to the OAL, the EMS Authority estimates that the revision to the EMT-I Regulations will be final in December 2005.

2. The Task Force was informed that the California Fire Chiefs requested that the EMT-II Task Force take the lead on providing and written comments to the National Scope of Practice Model because the EMT-II Task Force membership is made up of a cross section of EMS constituents in California. The Task Force was reminded that comments are due no later than May 25<sup>th</sup>.

**B. Topics of Instruction for the Scope of Each Module-**

1. The Task Force members received the first 19 pages of the draft EMT-II Regulations that have incorporated changes made to date. The topics of instruction for the Basic EMT-II were inserted verbatim from the Imperial County Trial Study document. Because the topics of instruction are not in the typical regulator format, the Task Force members present agreed to assemble a subcommittee to develop a model curriculum which would be incorporated by reference to the EMT-II Regulations. Another suggestion was made to ask the Commission on EMS's Educational Technical Advisory Panel (ETAP) to develop this model curriculum. John Pritting requested to be involved in this subcommittee since Mr. Pritting has developed these topics of instruction for the Imperial County Trial Study. The EMS Authority will have to research the process to activate the ETAP and will report back to the EMT-II Task Force. The West Valley Search and Rescue requested that the Task Force consider adding morphine sulfate to the EMT-II basic scope of practice. The West Valley Search and Rescue members routinely spend long periods of time with victims, sometimes over night, who have injuries which could benefit from morphine for pain control. The Task Force discussed the request and motioned to adding morphine to the basic scope. The Task Force voted, 6 – Ayes, 1 – Nos and 0 – Abstain, the motion carried.
2. The Task Force reviewed the draft EMT-II Regulations and made the following recommendations:
  - a. Add the Section number and title to the first section in Article 2. The correct Section number and title is §100105. Application of Chapter.
  - b. Section 100106, Scope of Practice,
    - i. Subsection (b) (1) mobile intensive care nurse was added to replace the authorized registered nurse
    - ii. Subsection (b) (1) esophageal-tracheal airway device was added
    - iii. Subsection (b) (2) Saline locks were added
    - iv. Subsection (b) (7) the word “manually” was added to manually defibrillate a patient under supervision of a paramedic.
    - v. Subsection (c) pertaining to voice contact failure orders was deleted entirely.
    - vi. Subsections (d) and (e) were also deleted entirely.
  - c. Section 100106.1, Local Optional Scope of Practice,
    - i. Subsection (c) was deleted entirely,
    - ii. Subsection (e) was amended to read, “The scope of practice of an EMT-II shall not exceed those activities authorized in this section.”
  - d. Section 100108 (b) (2) will be amended to specify the correct title of the Private Post Secondary school approving body.
  - e. Section 100109, Teaching Staff:
    - i. Subsection (b) will be amended to require that the program director of the EMT-II training program have at least 40-hours of instructional methodology. The wording will be consistent with the EMT-I and paramedic regulations.
    - ii. Subsection (c) will be amended to require that the principal instructors of the EMT-II training program have at least 40-hours of instructional methodology. The wording will be consistent with the EMT-I and paramedic regulations.

- iii. New Subsection (f) (4) to read, Be under the supervision of a principal instructor, the course director, and/or the program medical director,” in reference to the hospital clinical preceptor.
- f. Section 100111, Hospital Clinical Training for EMT-II
  - i. Subsection (a) was amended to include surgicenters, clinics, jails or any other area deemed appropriate by the local EMS agency for clinical training.
  - ii. Subsection (e) regarding clinical activities being activated on a modular basis was struck entirely.
- g. Section 100112, Field Internship
  - i. Subsection (a) the last part of this subsection, “an affiliated with a designated base hospital,” was deleted
  - ii. Subsection (e) was struck entirely regarding field internship may be instituted on a modular basis.
- h. Section 100113 (b) (1) need to add the name of the model curriculum to this subsection after it is developed and approved.
- i. Section 100116 (c) add the term “principal” before instructor and add “dates and locations,” in regards to reporting any changes in the training program to the approving authority.
- j. Section 100117 – changed the title of this section to “Denial or Withdrawal of Program Approval,” and deleted the current language and replaced it with the language from Section 100156 of the Paramedic Regulations that outlines the process to take adverse action on a training program approval.
- k. Section 100118, Student Eligibility:
  - i. Subsection (a) (2) deleted the provision that an EMT-II student could possess an expired EMT-I certificate.
  - ii. Subsection (a) (3) was amended to require a current CPR card equivalent to the AHA Guidelines 2000 for CPR.
  - iii. Subsection (a) (4) was deleted entirely, regarding requiring one year of field experience.
  - iv. Subsection (b) was deleted entirely, regarding individual demonstrations of EMT-I skills.
- l. Section 100119, Required Course Hours:
  - i. Subsection (a) was amended to state that the minimum number of hours for the EMT-II course is 80 hours.
  - ii. Subsection (a) (1) was amended to state that the minimum number of hours of didactic instruction is 48 hours.
  - iii. Subsection (a) (2) was amended to state that the minimum number of hours for clinical training is 16 hours and the minimum number of hours for field internship is 16 hours.
  - iv. Subsection (b) was amended to require a minimum of ten ALS patient contacts during both the clinical training and field internship portions of training.
- m. Section 100120 Required Course Content: will be amended to state the model EMT-II curriculum when it is developed and approved.

**C. Role and mission of the EMT-II-**

The Task Force members were not prepared to discuss this item and wish to discuss it after more progress is made in the draft EMT-II Regulations. This item will remain as a standing item on the agenda.

**V. NEW Business**

**A. Draft EMT II Regulations**

The draft EMT-II Regulations will be distributed to the EMT-II Task Force after the Chief Deputy Director of the EMS Authority has reviewed them.

**V. Discussion**

- A. Review of Action Items: The Task Force reviewed the action items discussed.
- B. Next Meeting – The next meeting of the Task Force will be June 9, 2005 in Sacramento at the EMS Authority office. The EMS Authority wishes to thank the Rancho Cucamonga Fire Department for hosting the EMT-II Task Force meetings at the Rancho Cucamonga City Hall.
- C. Adjourn –The meeting was adjourned.

Recorder: Sean Trask/ Julie Hamilton